

REQUEST FOR MEDIC FIRST AID® CPR/First Aid/AED CLASS Michigan GWRRA

Please fill out this form to request a MFA Class for your chapter. Include the requested signature and three possible dates for the class listed by preference.

Mail to:

Dennis & Felicia Schulte, MI District Educators
1498 Sand Beach Road
Bad Axe, MI 48413
michridered@gmail.com

Please submit this form 6 weeks before earliest requested class date.

COST: \$25.00 per Student

AFTER CLASS DATE IS DETERMINED the chapter requesting class will be notified. Participants can then send payment to reserve their spot. **Pre-payment for class must be received 14 days prior to class date.** Make Chapter check payable to: GWRRA DISTRICT- MI. Your spot in the class is first come first serve. Payment is required to get your name on the class roster. Mail checks to:

Michigan MFA Coordinator
Gary Williams
1146 Scarlet Oak East
Jackson, Michigan 49201

Please Print. (except where a signature is requested) This form *must* be legible. Thank you!

Chapter Requesting MFA Class: _____

Location of Class: _____

Contact Information:

Contact Person Name: _____
Please Print

Address _____ City _____ Zip _____

Phone _____ E-mail _____

Chapter Director Approval:

Chapter Director Name: _____ *Signature:* _____

Please Print

Requested Dates: Please list three choices by preference. We will try to schedule your first choice but we need alternatives in case of conflicts.

1st Choice: _____ **Number of students expected:** _____

2nd Choice: _____ (NOTE: More than 12 students *requires* 2 instructors.)

3rd Choice: _____ (Minimum of 6, maximum of 24 students per class.)

Names of Instructors: _____

Approved by: _____

Date of Approval: _____

Date of Class: _____

Revised 1/6/2020